VEN'BLE DHAMMAVIRIYO: Huen-Tsang visited Allahabad, Triveni. During the Harsha Vardhana period, he had a panchayat there.

SHRI JASWANT SINGH: I think, this is more a suggestion than a question, it eminently sounds like a suggestion. The hon. Member wanted to know whether there will be a proper memorial to a great traveller and writer, Huen-Tsang at Nalanda. Certainly, the Government will examine it positively. ..*(Interruptions)*... Certainly, the Government will examine the proposal, the concerned Ministry will do so.

VEN'BLE DHAMMAVIRIYO: It is almost constructed. But why did you not declare it open?

SHRI JASWANT SINGH: So far as the other part of the hon. member's question about promoting Buddhist tourism pilgrimage is concerned, there are two separate aspects of it. One is the facilitation of direct air travel between the People's Republic of China and India. As the hon. Member would know, the air travel agreement of the eighties is vintage. Thereafter, it was formalised in 1997. We are now at a stage where the People's Republic of China has to move towards declaring India a preferred destination. As the hon. Member knows, unless the People's' Republic of China moves in this direction and declares a particular country as a preferred destination, its citizens would face difficulties in moving from China to that particular place. This is under examination of the two countries. So also the question of direct air services between China and India. Once these steps are taken—which hopefully taken fairly soon—I have no doubt, in my mind, that Buddhist pilgrims from other countries also would visit India.

MR. CHAIRMAN: Question No. 443.

Activities conducted by NCP

*443. PROF. M. SANKARALINGAM: Will the PRIME MINISTER be pleased to state:

(a) what are the main aims and objectives of National Commission on Population (NCP);

(b) the activities conducted by NCP since January, 2001;

(c) the funds allocated for the NCP during the current year; and

(d) the achievements of NCP since its inception?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. CR THAKUR): (a) to (d) A Statement is laid on the table of the House.

Statement

(a) The main aims and objectives of the National Commission on Population are given below:

(1) To review, monitor and give directions for the implementation of the National Population Policy with a view to meeting the goals set out in the policy.

(2) To promote synergy between demographic, educational, environmental and developmental programmes so as to hasten population stabilization.

(3) To promote inter-sectoral coordination in planning and implementation across government agencies of the Central and State Governments, to involve the civil society and the private sector and to explore the possibilities of international cooperation in support of the goals set out in the Policy.

(4) To facilitate the development of a vigorous people's movement in support of this national effort.

(b) and (d) Brief details of the activities/achievements of the NCP are given below:

1. *Review of the implementation of National Family Welfare Programme*

TJie present growth in the population of the country is basically due to three factors. About 60% of the growth can be attributed to the large size of the population in the reproductive age group. This is bound to take place because of what has happened in the past. Another 20% of the growth in population is said to be due to the high unmet needs for contraception. The balance 20% is due to other socio-economic factors like high infant mortality, low status of women, son preference, illiteracy, poverty, etc.

The elements of population growth amenable to policy intervention relate to the latter two categories, namely meeting the unmet needs for contraception and improving the social, economic and demographic factors affecting population growth. The National Population Policy (NPP) 2000 states that the unmet needs for basic reproductive and child health services, supplies and infrastructure should be met at the earliest. If the unmet needs for

contraceptives can be met, especially in the high population growth States like Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh, the same could go a long way in reducing the overall population growth significantly. In view of the crucial role of these States in achieving the objectives of demographic stabilization, Vice-Chairman, NCP took two meetings with the Chief Secretaries/Family Welfare Secretaries of these States for a thorough review of the implementation of the Family Welfare Programmes. These reviews have helped to identify the various problems in each State and the remedial measures required. Madhya Pradesh, Rajasthan and UP have since brought out their separate population policy documents along with a programme of action for population stabilization within a time frame. Bihar is in the process of finalizing its population policy. The Member Secretary, NCP has also visited UP, Madhya Pradesh and Bihar to discuss the issues relating to population stabilization with concerned State Government officials.

At the national level, the implementation of the Family Welfare Programmes was reviewed in a meeting taken by Vice-Chairman, NCP with Minister for Health and Family Welfare on 9.8.2001, in which the present level of use of different types of contraceptives, the couple protection rate, the financial and physical achievements etc. were examined and the need for a restrategisation of the programme was brought out. The need for drawing up area specific action plans to improve social, economic and demographic factors in the high fertility areas was emphasized. The necessity for evolving a mechanism for involving the Panchayati Raj Institutions, NGOs, women self-help groups and promoting public and private participation was brought out in order to ensure that the services reached the needy.

2. *Identification of high fertility districts and preparation of District Action Plans*

There are considerable inter-State and intra-State differences relating to demographic indicators. The district being the key unit in implementing various programmes, the NCP has undertaken an exercise to identify the high fertility districts in the country. This has shown that there are 133 districts having above 3.5 Total Fertility Rate (TFR) and another 196 districts with TFR between 2.5 and 3.5 against the NPP target of reaching replacement level TFR of 2.1 by 2010 for the country as a whole. After this, as a first step, the Commission convened a meeting of the District Magistrates of the 133 high fertility districts to understand the ground realities as also to sensitise them about the various issues which have a bearing on populatior

growth. After detailed discussions, the District Magistrates resolved to bring up population related issues upfront which involve fully meeting the unmet needs for reproductive and child health services so as to reach the replacement level fertility at the earliest. They further decided that District Action Plans would be prepared with short-term, medium-term and long-term objectives. The action plans prepared/being prepared will bring out the position about the infrastructure, human and other resources available and the existing gaps in them with a definite programme of action for covering these gaps within a given time frame.

3. *Selection of social, economic and demographic indicators for monitoring purpose*

The NCP document is noteworthy in that it transcends purely demographic concerns and aims at the over-riding objective of economic and social development to improve the quality of life of the people of India. In this perspective, it was also felt that the traditional ways of monitoring the progress in terms of financial and physical achievements might not serve the purpose in identifying factors leading to high population growth. Therefore, after extensive discussions, the NCP selected some social, economic and demographic indicators such as female literacy, age of marriage of girls, safe delivery for mother, child survival, clean drinking water supply, basic sanitation facility, child nutrition, immunization and adoption of family planning methods which directly or indirectly influence human fertility. In the light of the deliberations at the DM's Conference, the list of indicators were modified. Then, using the data from Census 2001 and other sources, the NCP has ranked and mapped 569 districts of the country on the basis of 12 social, economic and demographic indicators and a composite index based on them with a view to know the comparative position of each district in relation to these indicators. This data was published on the occasion of World Population Day on 11 th July, 2001. The information/data brought out by this publication is useful to policy-makers, administrators, researchers and all those who are concerned with regional disparities in economic and social development. The regular collection, analysis and publication of data relating to these indicators will be a major change in the strategy for monitoring the implementation of social sector programmes. For this purpose, a Standing Committee for Monitoring of the NCP has been set up with representatives of the concerned Central Ministries, State Governments and NGOs as recommended by the Task Force on Monitoring chaired by the Vice-Chairman, NCP.

4. *Conference of Demographic Research Organisations*

As envisaged in the,NPP, integration of the results of research with policy formulation is important for effectively addressing various issues related to population stabilization. Therefore, on 20th March, 2001, the NCP convened a Conference of the organizations/experts involved in demographic research: This Conference was attended by representatives of 19 Population Resarch Centres (PRCs) from all over India, Indian Institute of Management, Lucknow, Indian Council for Medical Research, Institute for Economic Growth, New Delhi, United Nations Fund for Population - Activities (UNFPA), UNICEF, noted demographers, NGOs and senior officers from the concerned Departments of the Government of India. The NCP plans to utilize the PRCs and other research organizations in evaluation studies of social sector programmes. Such studies have already been sponsored by the Commission in relation to Andhra Pradesh, Uttar Pradesh and Bihar. The proper utilization of the results of the research and evaluation studies can help improve the quality, reduce the cost and introduce the required changes from time to time in policies and programmes.

5. *The recommendations of the Working Groups constituted by the NCP*

On the basis of decisions taken at the Strategic Support Group of Secretaries of the concerned Departments, the NCP had constituted some Working Groups to examine the strategies for meeting the unmet needs for contraception, maternal, child and public health, empowerment of women, development of children, drinking water, nutrition, sanitation, issues relating to adolescents, main streaming of the Indian system of medicine, tribal communities, monitoring and media for information, education and communication. Most of these Groups have already completed their work and submitted their recommendations/reports. These are being integrated to the extent possible in the policies and programees for the 10th Five Year Plan. The programme of action emerging out of these recommendations will also be considered in separate meetings with each of the concerned Ministries at the Centre and the States.

6. *Evolving grass-root level models*

The NPP document mentions that Panchayati Raj Institutions (PRIs) are important for furthering decentralized planning and programme implementation. It also states that population stabilization efforts will be effective only if an integrated package of essential services are reached at the village

and household levels. Presently, many of the services and programmes of social sectors are not reaching the people at the village level in the desired manner. There is also a multiplicity of agencies and employees representing different departments working in the rural areas in an uncoordinated manner. Because of uiis, there is a need to think about alternative for ensuring better delivery of services and supplies at the village level and for maintenance of the infrastructure facilities in sectors like health, family welfare and education. For this purpose, the active involvement of elected representatives of PRIs, NGOs and village self-help groups active at the grass-root level is important. In an effort to develop appropriate models/strategies and to understand innovative policies and programmes being implemented in some places, the NCP has organized field visits to some of the village Panchayats in high fertility areas. Some members of the Commission and representatives of the national level NGOs also participated in these visits, which may help evolve alternative strategies for meeting the unmet needs relating to different social sectors in the rural areas. Points for action which emerged out of these visits include control and supervision of all village level functionaries by PRIs, training programmes for women members of PRIs, self-help groups, etc. to improve their awareness and empowerment, involving the practitioners of Indian System of Medicine and Homeopathy to fill the gaps in human resources, coordinating the functioning of all social sector field level workers and adoption of contract system of employment with performance related incentives for field level employees. The involvement of PRIs and village level organizations can help preparation of Panchayat Action Plans to address specific issues relating to population stabilization in each Panchayat/village. To help operationalise the District Action Plans, the Panchayat Action Plans are also being encouraged.

(c) The funds allocated for the NCP during the current year are Rs. 1.36 crores.

PROF. M. SANKARALINGAM: Mr. Chairman, Sir, I have gone through the detailed reply given by the hon. Minister. While going through it, I felt it was more like a research paper than an action plan. The annual increase of 15.50 million to our population is really neutralising all our efforts to conserve energy, environment and development. I want to know from the hon. Minister whether the Central Government and the State Governments will announce some incentive scheme to diose families who adopt two child norm. 1 would also like to know from die Minister whedier he will encourage the Panchayat! Raj institutions and district autiiorities to monitor die scheme. Has the Government any specific plan for this?

DR. C.P. THAKUR: Mr. Chairman, Sir, actually, after realising the seriousness of the situation, a National Population Policy was adopted. Under this Policy, the National Commission on Population was created. No less a person than the Honourable Prime Minister heads that institution. That indicates the seriousness of this Government towards this issue. This Commission has completed one year. In one year's time, it has done lot of useful work. The Vice-Chairman of the Commission, Mr. K.C. Pant, has held two rounds of meetings with the Chief Secretaries and Secretaries of various State Governments to assess the prevailing condition in the States. Then, he took another initiative by inviting the District Magistrates to find out the problems as to why the schemes have not been successful. On the basis of that information, a demographic profile of all the 559 districts was prepared. Sir, this is the book. "The National Commission on Population: Districtwise Indicators". On that basis the work will start.

Sir, everyone here will agree with me that the population increase is not the outcome of the failure of one Department. It is because all the Department did not work in tandem and sincerely, in a coordinated fashion. I personally feel that if the Departments of Health of the States had worked in tandem and sincerely with the Department of Health of the Government of India since 1962, the population would not have gone up so high. Similarly, if the Department of Human Resource Development had educated the whole of India, the population would not have gone up so high. If the economic Departments of the Government of India and of the State Governments had made the country rich, then also, the population would not have reached the level it has reached now. So, different departments have to play a role. This Population Commission has to work as a coordinating agency between different Departments. After the formation of this Commission, every Department has started acting on its own. Actually, so many actions have been initiated. If I start narrating them, it will take more time. Kindly see what are the programme initiatives that we have taken. For example, in the field of maternal health, we have been promoting 24-hour-delivery health centres. At primary and community health centres, we have arranged contractual appointments of additional workers. We are providing referal transport to obstetrician emergency cases; training of additional birth attendants; providing safe motherhood consultants. There are so many initiatives. As a latest item of initiative for maternal health, the Prime Minister has announced on this 15th August that we are going to provide nutritional staple rice and wheat to the pregnant mothers and lactating mothers for two months. We are providing this to adolescents.

Sir, the infant mortality rate is stagnating at 70. We took the help of dieticians and experts dealing with infant mortality causes. They have suggested immunisation strengthening activities, operationalisation of district new born care, the home-based pre-natal care, RCH outfit services for remote and comparatively weaker districts and border districts and introduction of hepatitis-B vaccinations. We are taking these up on an experimental basis.

We have increased the basket of choices for contraceptives this year. Involvement of NGOs in different field has also been increased. We are also strengthening the infrastructure in all the States. We have realised that most of the States, especially, the north-eastern States, are lagging behind in the field of infrastructure for health care programme. We feel their infrastructure is gradually deteriorating because of lack of funds. So, the Government of India is taking steps to subsidise them in their effort to improve the primary health and district health centres and even their medical colleges.

After this, one Empowered Action Group has been formed. This Group will concentrate on the States which are lagging behind in this field. There are eight such States, called the 'lagging-behind States'. One is Bihar. It has now been divided into Bihar and Jharkhand. Then UP and Uttaranchal, Madhya Pradesh and Chhattisgarh. Then, we have Rajasthan and Orissa. Special meetings with Secretaries in these States have been started and we have assured them that contraceptive needs of those States will be fully met.

The last State which did not respond very enthusiastically is Bihar. In one meeting they did not come. We decided that if they did not come, we should go to them, we should not leave any State, whether it was Madhya Pradesh or Chattisgarh, If the Officers are not coming, if the Ministers are not coming, we go there. So, a lot of action has been started. This is die first year. It will take some time to achieve fully.

PROF. M. SANKARALINGAM: Sir, in the detailed statement placed before the House, in page 2, item 2, under "Identification of high fertility districts and preparation of District Action Plans", in the sixth line from the bottom. It is stated, "After this, as a first step, die Commission convened a meeting of the District Magistrates of the 133 high fertility districts to understand die ground realities as also to sensitise diem about die various issues...". How many meetings were held and what are die results? What has taken place? Is any improvement noticed?

I would just add another aspect. In the same page, under item 3, in the last paragraph, it is stated, "Then, using the data from Census 2001 and

other sources, the NCP has ranked and mapped 569 districts of the country on the basis of 12 social, economic and demographic indicators,..". What are the norms? And, how was it tackled by the Government?

DR. C.P. THAKUR: Actually, these districts of high, fertility rates have been identified. Of the 133 districts, most of the districts lie in those eight States which I have mentioned just now. Already, there is an Empowered Group there for that The work has started in these districts. *(Interruptions).* Sir, the work has started in those high-fertility districts.

SHRIMATI SHABANA AZMI: Sir, when you look at the detailed answer that has been given, it emphasises that the active involvement of elected representatives and legislators is very important But I find that there is very little clarity of understanding the complexities of the population issue amongst elected representatives. There are three Bills lying in this House that talk about the population control. We still have not learnt that the politically correct term is "population stabilization" and not "population control". When I first spoke in the Population Commission, because I am a member on it I welcomed the policy because it had now had a target-tree approach, it had done away with disincentives, etc. Now, India is one of the 180 nations that are signatories to the ICDP in Cairo, 1994. And, we are committed to a target-free approach and to do away with disincentives. *(Interruptions).* I am coming to the question. First you understand what the issue is.

AN HON. MEMBER: Your time will be over.

SHRIMATI SHABANA AZMI: Now, what is of great alarm is that there are several States that have announced to die put into implementation policies which are directly contrary to the National Population Policy. They are talking about disincentives. They are saying that PDS will not be allowed to people having more than three children and that they will not be allowed to stand up for elections. One State says that a girl who has married before 18 years of age will not get a Government job. What does die Government intend to do with these State policies? We cannot just throw our hands up in the air and say that it is only for die States to decide because it is a contravention of the basic, fundamental, rights and will go against women because women in our society do not decide how many children they have.

DR. CP. THAKUR: Actually, I know that die hon. Member is very sensitive to die work "control". She wants it to be "stabilisation". In our Policy also, it is not "control", it is "stabilisation", of the population. "Control" means .....*(Interruption).*

SHRIMATI SHABANA AZMI: Please come to the States.

DR. C.P. THAKUR: I am coming to that. The States, in India, are independent on matters of health. They have got a right to formulate certain policies. But after they have done it, I have written to the Chief Ministers of all the States.....*(Interruptions)* No, no. *(Interruptions)* Health is a State subject. *(Interruptions)* After they have announced this policy, I have written to all the Chief Ministers, stating therein, that you make a policy, which is in consonance with the national policy. I have written to them. *(Interruptions)*

श्रीमती सरला माहेश्वरी : आप अगेंस्ट में जा सकते हैं? (व्यवधान)**...** क्या यह नेशनल पालिसी है ? **...**(व्यवधान)**...**

SHRIMATI SHABANA AZMI: I think Madhya Pradesh has..... *(Interruptions)*

MR. CHAIRMAN: Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

Defective Thermometers in Chemist Shops

*444. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:.

(a) Whether the thermometers used for measuring body temperature now available in the chemist shops are unreliable and defective as most of these thermometers show incorrect reading leading to confusion among die patients;

(b) if so, die details diereof and die manner in which Uiese defective thermometers find dieir way to me chemist shops across die country; and

(c) what action Government have taken to ensure that the tfiermometer manufacturers get ISI standardisation mark on die product tfiey put for sale in the country?

THE MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRI SHANTA KUMAR): (a) There have been reports that some of the clinical thermometers available in the market are inaccurate and/or deficient in certain other aspects.

(b) The Standards of Weights & Measures Act 1976 provides that